

## Coronavirus (COVID-19) Risk Assessment, Contingency & Control Measures for Face to Face Training & Business Activities – Updated November 2020

*November 2020: This risk assessment and policy statement has been reviewed in the light of the increased UK wide incidence of Covid-19 cases, the introduction of tiered restrictions and interventions by the UK Government for England (and the Devolved Administrations for other parts of the UK), and the announcement of a 4 week “lockdown” for non-education, essential work and critical national infrastructure purposes for England during the period 5<sup>th</sup> November – 2<sup>nd</sup> December 2020.*

### Introduction

Please find an outline of HOTA’s current risk assessment, control measures and COVID-19 Secure plan to mitigate risk from the current Coronavirus COVID-19 Pandemic and ensure the return and maintenance of safe, socially distanced and controlled face-to-face training. This uses a standard hierarchical approach to risk management and mitigation with personal protective equipment (PPE) always being the last line of defence and never the sole control measure. A viral pandemic of this nature does not lend itself to traditional qualitative risk rating methodology where the worst potential **harm** outcome to an exposure is always regrettably going to be a fatality. Instead our attention is focused on reducing **likelihood** to exposure to the virus as low as is reasonably practicable (**ALARP**) across all possible exposure routes (vectors and vehicles) for people working in, training in and visiting our premises. We are confident that all significant exposure likelihoods have been reduced to remote or unlikely using the controls outlined below.

### Scope

ALL persons and ALL activity on HOTA premises whether that be training, maintenance or conduct of day to day business administration activities. ALL HOTA Staff conducting remote training on client premises.

### Management Actions - Strategic, Tactical and Operational Planning

- We are continuing to hold regular Coronavirus specific business continuity meetings amongst our senior leadership team
- In-line with best practice, our Operations & Emergency Response Manager has been formally identified as HOTA’s Coronavirus Pandemic co-ordinator and has completed a number of COVID-19 educational programmes (World Health Organisation, London School of Tropical Medicine, Royal College of Physicians of Edinburgh, Emergency Planning College, etc.) and attends remote benchmarking and external weekly update meetings
- We have formed a specific Coronavirus emergency response and planning cell (meeting regularly)
- HOTA has self-certified as being a “COVID-19 Secure” workplace. We have taken all reasonably practicable steps to meet the UK Government “COVID-19 Secure” workplace guidelines. We have self-assessed against all eight sections of the HM Government publication “Working Safely during COVID-19 in offices and contact centres” (and other sector guidance as appropriate)
- We are using the Noggin Pandemic Business Continuity and Response software to manage our response and track any suspected or confirmed coronavirus cases amongst staff, delegates and visitors
- Formulated an action plan using UK Government pandemic flu planning advice, and are actively reviewing risk assessments as the global and UK situation evolves

Coronavirus (Covid-19) Risk Assessment, Contingency & Control Measures for Face to Face Training Version 1.5 November 2020

- We are subscribed to hour by hour bulletins from Public Health England (PHE), UK Government etc. and are implementing all recommended business advice
- HOTA has implemented the “Sitemark” facilities management best practice and benchmarking programme, risk assessments, cleaning specifications, and high touch point signage as the foundation of our ongoing hygiene program

## Qualitative Assessment of Risk

### What Are the Hazards?

- Infection or Transmission of Coronavirus (Covid-19) between persons with significant risk of serious infection or death in a limited number of individuals

### Who Might Be Harmed & How?

- ALL persons engaged in any activity on HOTA premises (or conducting offsite training activity) through close contact (less than 2 metres or 1 metre plus additional precautions) with any other persons, or through poor hand hygiene, or through contact with contaminated surfaces or equipment, or through airborne contamination due to poor ventilation
- ALL staff through anxiety regarding the coronavirus pandemic, job security, isolation (home working), perceived personal risk level (vulnerability) affecting their mental health and wellbeing
- ALL staff working from home and on portable equipment who could develop musculoskeletal and other DSE related disorders if working for prolonged periods of time in ergonomically substandard conditions

### Control Measures:

#### 1. Elimination

- Where reasonably practicable, or in the case of training where allowed by standards or awarding bodies, some activities have been stopped to completely eliminate the risk, e.g. rescue breathing on non-certified and awareness type first aid courses; stopping the use of any reusable cutlery and crockery for delegate food service by adopting bag meals only

#### 2. Substitution

- In limited cases it has been possible to substitute items or activities for less hazardous ones, e.g. substituting reusable bandages on training courses for individual disposable delegate bandage packs; partially taking some exercises out of enclosed spaces to larger ones where social distancing is possible such as life raft actions talk-through

#### 3. Engineering Controls and Building Modifications

- Physical protection screens have been installed in our two main reception areas
- Extensive 2 metre social distancing floor tapes and floor signage have been installed
- Physical barriers have been installed in areas where necessary, e.g. canteens, offices and communal areas
- One-way systems introduced as far as practical and segregated keep left or keep right corridor and stairway operation has been introduced

Coronavirus (Covid-19) Risk Assessment, Contingency & Control Measures for Face to Face Training Version 1.5 November 2020

- We have installed over 20 hand sanitising stations
- Ventilation and air circulation improved by reducing numbers in areas, encouraging open windows & doors for airflow, and reviewing HVAC systems
- **We have purchased large volume disinfectant “fogging machines” to allow the deep cleaning of classrooms and other indoor spaces on a routine basis and after any potential confirmed case of Covid-19 in the workplace**

#### 4. Procedural Controls

- ALL PERSONS visiting a HOTA site (staff, delegates, contractors, visitors) are now subject to **daily** non-contact temperature screening by trained staff and must complete a daily coronavirus medical declaration **before** entering any building (see below)
- All delegates attending training at HOTA have always been subject to medical screening by questionnaire with further screening by our in-house medical staff where required – we have enhanced this with an additional mandatory **daily** COVID-19 specific medical questionnaire (last reviewed and updated 30<sup>th</sup> October 2020 with an additional question to reflect possible travel restrictions from areas of the UK where enhanced Covid-19 restrictions are in force) for ALL delegates, staff, contractors and visitors to both of our sites. Additional screening is applied to anyone returning from furlough, leave or who have travelled outside of the UK, as well as those travelling from areas of the UK with **enhanced local restrictions**
- UK Government quarantine rules for overseas travellers are now included in our screening protocol
- Staff are not currently travelling outside of the UK on business and only essential UK travel is permitted, and only then if authorised by a senior manager
- Staff car-sharing of private or company vehicles with non-household members is being strictly controlled and is on an essential basis only with social distancing and face coverings required at all times
- Staff members are not currently using public transport
- All classroom, office, toilet, changing room, canteen and communal area occupancy levels have been reviewed to ensure social distancing (in most cases class sizes have been halved)
- Introduction of staggered start times for courses and/or staggered break times
- Delegate registration is being split over three separate areas when necessary to reduce possible congestion and ensure social distancing **with individual “track & trace” seating** in all restaurants & welfare areas, classrooms and practical areas so that any potential delegate/staff interactions can be easily identified if requested by the appropriate authorities
- Queue and car park marshalling
- Modification to all training programmes (where possible within individual awarding body standards and guidance) to ensure social distancing – where not possible mandatory PPE
- Where training equipment cannot be adequately or safely disinfected, e.g. harness webbing, we have introduced a system of equipment rotation and quarantine so that equipment is not reused for a period of at least 72 hours
- We have identified our own Coronavirus isolation pods on both sites with separate toilet facilities and telephone access to NHS111
- We have increased our cleaning regime and hours for all public areas, classrooms, toilets etc. with increased emphasis on door handles, keypads, vending machines and handrails etc., including the adoption of high touchpoint signage
- Cleaning agents have been assessed and bulk stocks of agents with proven effectiveness of coronaviruses have been sourced, e.g. hypochlorous acid 200+ ppm
- We have increased the availability and emptying of waste disposal facilities
- HOTA’s canteens are currently **closed** for service with the introduction of non-contact individual bag meals for delegates and staff which are placed in each persons “allocated

Coronavirus (Covid-19) Risk Assessment, Contingency & Control Measures for Face to Face Training Version 1.5 November 2020

seating pod” in the period before lunchtime; as an additional control we have removed all cutlery and condiments to eliminate any cross-contamination handling risks

- We are following all Awarding Body Guidance for activities such as CPR on First Aid courses which, depending on the level of the course, varies from chest compression only CPR, through simulating rescue breathing to demonstration of rescue breathing with enhanced hygiene precautions. All delegates are issued with single-delegate use individual training bandage packs and face shields and individual resuscitation training manikins
- We have reinforced our already robust disinfection procedures for training involving breathing apparatus, scuba type equipment, smoke hoods, etc.

## 5. Information, Instruction, Training and Supervision

- We provided staff awareness, communications, and training prior to reopening for face-to-face training programs and are updating this regularly
- All staff provided with access to online mental health and wellbeing tools and two trained mental health first aiders available in the workplace
- Limited numbers of staff who are home working provided with regular contact, support and DSE self-assessment tools
- All delegates are being provided with extensive instruction at induction on our social distancing measures, building protocols, handwashing protocols, and PPE requirements
- We have amended all course induction presentations to include information on COVID-19 precautions including the PHE handwashing video
- Delegates are been issued with additional COVID-19 specific joining instructions outlining additional controls and requirements prior to attending training
- We have extensive PHE public information handwashing signage and Coronavirus symptom warning posters for all public access points into our buildings and elsewhere – **this has been updated with the new COVID-19 case definition (loss of smell or taste) issued on 18<sup>th</sup> May 2020**
- Using the infographic below we have introduced a clear and consistent message across our sites of:

“20 Seconds Handwashing, 2 Metre Distance, 0 Excuses”



## 6. Personal Protective Equipment

- **Face coverings are now mandatory when moving around inside all HOTA facilities.** Face coverings and/or face shields are been made available for anyone entering our sites (delegates, staff, visitors) who does not have one; for certain limited course elements we have assessed Type IIR Water-Resistant Surgical Face Masks as being a mandatory additional

Coronavirus (Covid-19) Risk Assessment, Contingency & Control Measures for Face to Face Training Version 1.5 November 2020

precaution; HOTA will supply these specific types of face coverings to all delegates to meet the needs of the course

- Nitrile gloves have a more limited role to play in preventing the spread of the virus in our setting but are available as required
- For in-water training where traditional face coverings are not suitable and absolute social distancing is not possible, additional controls have been introduced including retrofitting of full spray visors to life jackets (with their use mandatory) and strictly time limited closer contacts, e.g. life raft entry and survival circles

### Further Action Required?

- Proactive monitoring and audit to ensure compliance with all controls
- Keep risk assessment and all control measures under review to best protect and comply with best current advice and guidelines

### Summary

The control measures outlined above (for ALL persons on our sites) are designed to support the UK Government “**Hands, Face, Space**” strategy of self-isolation for symptomatic persons, close contacts and restricted area travel history and keep all persons at HOTA as safe as is reasonably practicable at this stage of the epidemic and in line with both UK Government and OPITO, GWO, MCA and other awarding body advice.

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**Date of last update and review:** 2<sup>nd</sup> November 2020

Coronavirus (Covid-19) Risk Assessment, Contingency & Control Measures for Face to Face Training Version 1.5 November 2020